



OFFICE OF THE DEPUTY GOVERNOR
Government Administration Building
Elgin Avenue, George Town, Grand Cayman KY1-9000
Telephone: (345) 244-2403

**APPLICATION TO BE APPOINTED A CIVIL REGISTRAR OF CIVIL PARTNERSHIPS
(Section 29)**

To: The Governor

FULL NAME: <i>(as it should appear on the license)</i>		
RESIDENTIAL ADDRESS: <i>Full Residential Address (Physical & Mailing)</i>		
DATE OF BIRTH:		
NORMAL PLACE OF BUSINESS/WORK:		
OCCUPATION:		
TELEPHONE NUMBERS:	(1)	(2)
E-MAIL ADDRESS:		

I, (First Name) _____ (Surname) _____ of
(Full Residential Address) _____

hereby apply to be appointed as a Civil Registrar of civil partnerships in and for the Cayman Islands and hereby certify that, to the best of my knowledge, the above information is true.

Dated this _____ day of _____ 20_____

Signed _____
(Applicant)

IMPORTANT NOTE

When submitting an application form, please attach the following:

- A Job letter / Proof of employment (where employed).
- A copy of a work permit (if applicable)
- Two (2) references from registered voters
- Police clearance Certificate
- A copy of photo identification (passport, drivers licence etc.)

Once an application is approved, a representative of the Office of the Deputy Governor will contact the applicant regarding collection of the licence and other relevant materials.